

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FISCHER FOR CONGRESS

ADDRESS (number and street)

123 SARATOGA RD PMB 410

Check if different  
than previously  
reported. (ACC)

GLENVILLE

NY

12302

2. FEC IDENTIFICATION NUMBER ▼

C

C00554345

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
06 / 05 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stacey J. Fantauzzi

Signature of Treasurer

Stacey J. Fantauzzi

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FISCHER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17705.00	67129.49
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17705.00	66129.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	6766.99	49085.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	6766.99	49085.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21980.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

**FISCHER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

12840.00

54920.40

(ii) Unitemized .....

4865.00

11214.97

(iii) TOTAL of contributions from individuals ▶

17705.00

66135.37

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs) .....

0.00

944.12

(d) The Candidate .....

0.00

50.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

17705.00

67129.49

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

5000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

5000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17705.00

72129.49

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6766.99	49085.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	0.00	63.36
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	6766.99	50148.72

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11042.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17705.00
25. SUBTOTAL (add Line 23 and Line 24).....	28747.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6766.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21980.77

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Lisa Carter

Mailing Address 112 Knapp Rd

City  
MaltaState  
NYZip Code  
12020FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period

1000.00

donation

Full Name (Last, First, Middle Initial)

B. Clifford Conklin

Mailing Address 19 Harmon Road

City  
ScotiaState  
NYZip Code  
12302FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBMOccupation  
Software Engineer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period

250.00

donation

Full Name (Last, First, Middle Initial)

C. FISCHER FOR CONGRESS

Mailing Address 123 SARATOGA RD PMB 410

City  
GLENNVILLEState  
NYZip Code  
12302FEC ID number of contributing  
federal political committee.

C C00554345

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period

390.00

CASH DONATIONS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1640.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**FISCHER FOR CONGRESS****A.**

Mailing Address 123 SARATOGA RD PMB 410

City

GLENVILLE

State

NY

Zip Code

12302

FEC ID number of contributing  
federal political committee.**C** C00554345

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

890.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2014

**Transaction ID : SA11AI.4785**

Amount of Each Receipt this Period

500.00

CASH DONATIONS

**B.**

Full Name (Last, First, Middle Initial)

**Eric Habel**

Mailing Address 1 Sequoia Drive

City

Ballston Lake

State

NY

Zip Code

12019

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

**Transaction ID : SA11AI.4800**

Amount of Each Receipt this Period

200.00

donation

**C.**

Full Name (Last, First, Middle Initial)

**Roger Hannay**

Mailing Address 24 County Route 412

City

Westerlo

State

NY

Zip Code

12193

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Hannay Reels

Owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2014

**Transaction ID : SA11AI.4744**

Amount of Each Receipt this Period

2600.00

donation

**SUBTOTAL** of Receipts This Page (optional).....

3300.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Sherley Hannay**

Mailing Address 24 CR 412

City

Westerlo

State

NY

Zip Code

12193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 28 / 2014

Transaction ID : SA11AI.4745

Amount of Each Receipt this Period

2600.00

donation

Full Name (Last, First, Middle Initial)

**B. Peter Hess**

Mailing Address 7 Walnut Lane

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 26 / 2014

Transaction ID : SA11AI.4779

Amount of Each Receipt this Period

500.00

donation

Full Name (Last, First, Middle Initial)

**C. Andrew James**

Mailing Address 25 Winding Brook Drive

City

Saratoga Springs

State

NY

Zip Code

12866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ABJ Management, Inc.

Occupation

President

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2014

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period

1000.00

donation

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Joseph Kakety**

Mailing Address 9804 Moon Valley Place

City

Las Vegas

State

NV

Zip Code

89134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

596.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period

500.00

donation

Full Name (Last, First, Middle Initial)

**Montgomery County Republican Committee**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2014

Transaction ID : SA11AI.4853

Amount of Each Receipt this Period

250.00

donation

Full Name (Last, First, Middle Initial)

**Stephen Obermayer**

Mailing Address 6 Berkshire Way

City

Ballston Spa

State

NY

Zip Code

12020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BBL

Occupation

Vice President

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period

250.00

donation

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FISCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mary Predel

A.

Mailing Address 55 Garnsey Rd.

City

Rexford

State

NY

Zip Code

12148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Predel's Ranch

Occupation

Owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period

300.00

donation

Full Name (Last, First, Middle Initial)

Sames Media Group, LLC

B.

Mailing Address 19 Blue Jay Way

City

Rexford

State

NY

Zip Code

12148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.4811

Amount of Each Receipt this Period

250.00

donation

Full Name (Last, First, Middle Initial)

Robert Schultze

C.

Mailing Address 49 North St.

City

Delamr

State

NY

Zip Code

12054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.4742

Amount of Each Receipt this Period

1000.00

donation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FISCHER FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Emmanuel Seiz</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 3 Lazur Road		<b>Transaction ID : SA11AI.4768</b>	
City Ballston Lake	State NY	Zip Code 12019	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		donation	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Chris Sparagen</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 155 Erie Blvd		<b>Transaction ID : SA11AI.4662</b>	
City Schenectady	State NY	Zip Code 12305	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		donation	
Name of Employer SHE	Occupation owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Gary Williams</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 29 Velina Dr		<b>Transaction ID : SA11AI.4786</b>	
City Burnt Hills	State NY	Zip Code 12027	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		donation	
Name of Employer Schenectady Orthopedic Assoc.	Occupation Doctor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1250.00	
<b>TOTAL</b> This Period (last page this line number only).....		12840.00	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Cathode Ray Media**

Mailing Address 20 County Estates Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

City	State	Zip Code
Greenville	NY	12083

Amount of Each Disbursement this Period

743.75
--------

Purpose of Disbursement  
website

003

Transaction ID : SB17.4724

Candidate Name

**FISCHER FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 20

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
	MA	

Amount of Each Disbursement this Period

118.80
--------

Purpose of Disbursement  
Email

003

Transaction ID : SB17.4735

Candidate Name

**FISCHER FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 20

Full Name (Last, First, Middle Initial)

**C. Dinosaur BBQ - Troy**

Mailing Address 377 River Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Troy	NY	12180

Amount of Each Disbursement this Period

566.30
--------

Purpose of Disbursement  
Food

003

Transaction ID : SB17.4730

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1428.85

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Linda M Marek**

Mailing Address 442 Arthur St.

City	State	Zip Code
Schenectady	NY	12306

Purpose of Disbursement  
Campaign Consultant

Candidate Name

**FISCHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4726

**B. Linda M Marek**

Mailing Address 442 Arthur St.

City	State	Zip Code
Schenectady	NY	12306

Purpose of Disbursement  
Reimbursement Office Supplies

Candidate Name

**FISCHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2014

Amount of Each Disbursement this Period

55.49
-------

Transaction ID : SB17.4728

**c. Michele Baker**

Mailing Address

City	State	Zip Code
Hoosick Falls	NY	

Purpose of Disbursement  
Campaign Consultant

Candidate Name

**FISCHER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.4723

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2305.49

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FISCHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Michele Baker**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

City	State	Zip Code
Hoosick Falls	NY	

Purpose of Disbursement  
Campaign Consultant

001

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.4729

Candidate Name

**FISCHER FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 20

Full Name (Last, First, Middle Initial)

**B. Michele Baker**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

City	State	Zip Code
Hoosick Falls	NY	

Purpose of Disbursement  
Campaign Consultant

001

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.4725

Candidate Name

**FISCHER FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 20

Full Name (Last, First, Middle Initial)

**c. Stewarts Shop**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2014

City	State	Zip Code
	NY	

Purpose of Disbursement  
Fuel

002

Amount of Each Disbursement this Period

45.15
-------

Transaction ID : SB17.4702

Candidate Name

**FISCHER FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 20

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2545.15

6279.49

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 14 OF 14

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4163

**FISCHER FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

**JAMES M FISCHER**☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

200 HOP CITY RD

City

State

ZIP Code

BALLSTON SPA

NY

12020

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 09 / 2014

Date Due

M M / D D / Y Y Y Y  
demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.